

#777

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**TRANSMITTAL
FORM**

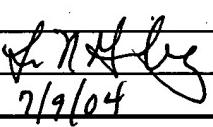
(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|-----------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/693,660 |
| | | Filing Date | Oct 24, 2003 |
| | | First Named Inventor | ANDERSON |
| | | Art Unit | 3643 |
| | | Examiner Name | SHAW, ELIZABETH |
| Total Number of Pages in This Submission | | Attorney Docket Number | MEA0201-C2 |

ENCLOSURES (check all that apply)

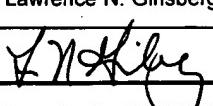
| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ol style="list-style-type: none"> 1. Preliminary Amendment 2. Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address 3. Statement Under 37 CFR 3.73(b) 4. Notice of Recordation (copy) 5. Assignment (copy) 6. Check for \$264.00 7. Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-------------------------|---|--|--|
| Firm or Individual name | Lawrence N. Ginsberg | | |
| Signature |  | | |
| Date | 7/9/04 | | |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.P. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | | | |
|----------------------|---|------|--------|
| Type or printed name | Lawrence N. Ginsberg | | |
| Signature |  | Date | 7/9/04 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant Claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**264.00**

Complete if Known

| | |
|----------------------|-----------------|
| Application Number | 10/693,660 |
| Filing Date | 10/24/2003 |
| First Named Inventor | ANDERSON |
| Examiner Name | SHAW, ELIZABETH |
| Art Unit | 3643 |
| Attorney Docket No. | MEA0201-C2 |

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account

Deposit Account Number

Deposit Account Name

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | Small Entity | Fee Description | Fee Paid |
|--------------|--------------|--------------------------------|----------|
| 1001 | 770 | 2001 385 Utility filing fee | |
| 1002 | 340 | 2002 170 Design filing fee | |
| 1003 | 530 | 2003 265 Plant filing fee | |
| 1004 | 770 | 2004 385 Reissue filing fee | |
| 1005 | 160 | 2005 80 Provisional filing fee | |

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

| Total Claims | 35 | -20**= | 15 | x | 9.00 | = | 135.00 | Extra Claims | Fee from below | Fee Paid |
|--------------------|----|--------|----|---|-------|---|--------|--------------|----------------|----------|
| Independent Claims | 6 | - 3**= | 3 | x | 43.00 | = | 129.00 | | | |
| Multiple Dependent | | | | | | = | | | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|--|
| 1202 | 18 | 2202 9 Claims in excess of 20 |
| 1201 | 86 | 2201 43 Independent claims in excess of 3 |
| 1203 | 290 | 2203 145 Multiple dependent claim, if not paid |
| 1204 | 86 | 2204 43 **Reissue independent claims over original patent |
| 1205 | 18 | 2205 9 **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)**264.00**

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity | Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid |
|----------|----------|----------|----------|--|----------|
| 1051 | 130 | 2051 | 65 | Surcharge – late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge – late provisional filing fee or cover sheet | |
| 1053 | 130 | 1053 | 130 | Non-English specification | |
| 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination | |
| 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action | |
| 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | |
| 1251 | 110 | 2251 | 55 | Extension for reply within first month | |
| 1252 | 420 | 2252 | 210 | Extension for reply within second month | |
| 1253 | 950 | 2253 | 475 | Extension for reply within third month | |
| 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month | |
| 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month | |
| 1401 | 330 | 2401 | 165 | Notice of Appeal | |
| 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal | |
| 1403 | 290 | 2403 | 145 | Request for oral hearing | |
| 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | |
| 1452 | 110 | 2452 | 55 | Petition to revive – unavoidable | |
| 1453 | 1,330 | 2453 | 665 | Petition to revive – unintentional | |
| 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) | |
| 1502 | 480 | 2502 | 240 | Design issue fee | |
| 1503 | 640 | 2503 | 320 | Plant issue fee | |
| 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | |
| 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) | |
| 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application | |

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

| SUBMITTED BY | | | | | |
|-------------------|----------------------|--------------------------------------|-------|-----------|--------------|
| Name (Print/Type) | Lawrence N. Ginsberg | Registration No. (Attorney/Agent) | 30943 | Telephone | 949-640-6261 |
| Signature | <i>LN Ginsberg</i> | | | Date | 7/9/04 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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